

ADVANCED SPEECH THERAPY, INC.

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Dear Committee,

Thank you for considering this written testimony in favor of bill SB 230. I am a speech-language pathologist (SLP) with a private practice in Missoula, Montana. I am in favor of this bill because I believe it will improve the quality of care for the residents of Montana. Given the rural nature of Montana, as well as the relatively small populous, there are many people who live in rural communities with minimal access to licensed SLPs. Although these rural communities generally have SLPs in their schools, most do not have a large enough populous to support a SLP that serves the adult population. (Most school-based SLPs do not treat adults.) This means adults in small towns often do not have access to a SLP at all, or if they do it is generally no more than then one to two days per week when a SLP travels in from a larger city to service local nursing homes or hospitals.

For example, Clarkfork Valley Hospital in Plains, MT contracts with a SLP from Missoula who travels to Plains one to two times per week. The other three to four days of the week the hospital is without the expertise of a SLP. Patients who need therapy more than twice per week are unable to get the therapy unless they can travel one and a half hours to Missoula. Given that it is a two-lane highway, that can be quite treacherous in the winter, traveling this distance is not practical for most people on a regular basis. To my knowledge that SLP is also the only adult-based SLP to service Thompson Falls and Hotsprings. If SLPs were allowed to provide telepractice therapy many patients in these types of towns could easily get the care they need from the comfort and safety of their own home.

Recent research has shown that intensive therapy (i.e., four to five times per week) results in greater and faster gains for many adult cognitive-communicative disorders. One such therapy is the Lee Silverman Voice Therapy (known as LSVTLOUD). LSVTLOUD is an intense therapy program for individuals with Parkinson's disease suffering from speech and voice deficits that significantly impact their ability to functionally communicate. LSVTLOUD has been researched for the past twenty plus years and is currently the only validated treatment approach for these patients' communication deficits. LSVTLOUD needs to be provided with an intense schedule (i.e., four times per week for four weeks) and research has shown LSVTLOUD therapy to be as effective via telepractice as it is face-to-face. Additionally, LSVTLOUD requires specialized training that few SLPs in the state of Montana have. This further reduces the accessibility of the treatment. Passing of this SB230 would allow numerous individuals across the state of Montana who are suffering from Parkinson's disease, and are unable to

travel to a LSVTLoud trained SLP four times per week, the opportunity to get this valuable treatment. For many of these patients the treatment would allow them to remain in the workforce much longer than they would without it. As an example, last year I treated a man with Parkinson's who works for the railroad. His job requires him to communicate over a radio with a great deal of background noise. The LSVTLoud therapy program has allowed him to maintain the functional communication skills necessary for his work, which will allow him to remain in his job much longer than he would had he not been able to get the therapy. If he did not live in Missoula, there is a good chance he would not have been able to get this valuable treatment.

I believe that quality of care is a sufficient argument in and of itself for you to pass this bill; but telepractice may also have a positive financial impact on the state of Montana. Many patients effected by disabling neurological injuries, such as stroke or traumatic brain injury (TBI), are able to return to independent living with intensive therapy, but if that therapy is not available to them, they often end up living indefinitely in a skilled nursing facility -- often at the expense of the Montana Medicaid system. Additionally, with proper therapy some patients may be able to reenter the workforce and, therefore, not have to depend on public assistance.

Lastly, the American Speech and Hearing Association (ASHA), which provides best-practice standards for speech-language pathologists, fully supports the use of telepractice, in part so that residents who live in rural states such as Montana can have access to quality care. I can think of no good reason why we would deprive our residents of this right.

Please support Bill SB 230. Thank you.

Respectfully,

Laurie Slovarp, MS, CCC-SLP, BRS-S